

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E AUG 15 2005

1. File Number U - <u>6970</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>CHARLES</u> <u>E</u> <u>ANDERSON</u> P.O. Box, Bldg., Room No., if any: <u>MEZZANINE</u> Street <u>1370 ONTARIO ST</u> City <u>CLEVELAND</u> State <u>OHIO</u> ZIP Code + 4 <u>44113-1702</u>	4. Name, file number, and address of labor organization. Name <u>BRO. OF LOCOMOTIVE ENGRS + TRNMN</u> Labor Organization File Number <u>000-101</u> P.O. Box, Building and Room Number, if any: <u>MEZZANINE</u> Street <u>1370 ONTARIO ST</u> City <u>CLEVELAND</u> State <u>OHIO</u> ZIP Code + 4 <u>44113-1702</u>
5. Position in labor organization. <u>EXECUTIVE STAFF + NETWORK ADMINISTRATOR</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name <u>FOON</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any: <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>
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### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Charles E. Anderson

On

8/9/05

Date

216-377-3515

Telephone Number

Name of Person Filing <b>CHARLES E ANDERSON</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>NORTH COAST DUPLICATING, INC.</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <b>7850 HUR PARKWAY</b></p> <p>City <b>CLEVELAND</b></p> <p>State <b>OHIO</b> ZIP Code + 4 <b>44125-5711</b></p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><b>Purchase of Duplicating Machine</b></div> <p>11.b. Approximate dollar value of such dealing. <b>\$20,000</b></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><b>Golf outing, lunch + dinner</b></div> <p>12.b. Amount. <b>\$100</b></p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b>FAULKNER MUSKOVITZ + PHILLIPS</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <b>820 W SUPERIOR AVENUE</b></p> <p>City <b>CLEVELAND</b></p> <p>State <b>OHIO</b> ZIP Code + 4 <b>44113-1800</b></p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><b>Golf outing + lunch</b></div> <p>14.b. Amount of payment. <b>\$100</b></p>